

Citizen Complaint Form

Please read *Complaints of Misconduct* before completing this form.

E-mail completed form to: Investigations@ci.las-vegas.nv.us

Name of Complainant:
(last, first, middle)

Name of Person Filing Report:
if different (last, first, middle)

Sex:

Race:

Date of Birth:

Street Address:

City:

State:

Zip Code:

Home Phone (include area code):

Work Phone (include area code):

Involved Employee(s) (if known):

Event Number (if known):

Location of Incident:

Date of Incident:

Witness Name, Address, Phone:

Witness Name, Address, Phone:

Describe in detail what happened:

How would you like to see this
complaint resolved?:

By typing or signing my name in the space below, I hereby certify that the statements given by me herein are true and accurate to the best of my personal knowledge. I understand that making intentional false declarations to public servants or untrue statements under oath or affirmation may be punishable by law.

Name of Complainant:

Date: